



CITY OF
WEST LAFAYETTE
Wastewater Treatment Utility

OUTSIDE WATERING & POOL FILL ADJUSTMENT REQUEST

Dear Customer:

Thank you for contacting us regarding your outside watering or pool fills. Before we can process your request for an adjustment, we need some information.

Name: _____

Account Number: _____

Address: _____

Phone Number: _____

Date you started watering or filling your pool: _____

Date you stopped watering or filling your pool: _____

Please return completed information to:

City of West Lafayette
Wastewater Billing Office
711 West Navajo Street
West Lafayette, IN 47906

You may also fax the information to (765) 807-0229 or email to utility@westlafayette.in.gov

Thank you for assisting us in processing your adjustment request.